



06-02-04

PATENT/Utility Application Transmittal  
Attorney Docket No.: EMC-03-103  
Express Mail Mailing Label No. EK900599059US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):	David Haase, et al	GROUP ART UNIT:	Not Yet Assigned
U.S.S.N.:	10/673,722	EXAMINER:	Not Yet Assigned
FILING DATE:	September 29, 2003	CUSTOMER NO.	<b>24227</b>
TITLE:	<b>SYSTEM AND METHOD FOR MANAGING DATA ASSOCIATED WITH COPYING AND REPLICATION PROCEDURES IN A DATA STORAGE ENVIRONMENT</b>		

**Certificate of Express Mailing Under 37 C.F.R. §1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service, using "Express Mail Post Office to Addressee" service of the U.S. Postal Service, with sufficient postage as Express Mail (Express Mail Label No. EK900599059US) in an envelope addressed to: Mail Stop: Duplicates, Commissioner for Patents, Crystal Plaza Two, Room 7D25P.O. Box 1450, Alexandria, VA 22313-1450

on:

Date: June 1, 2004By: Sandra A. KulagaPrint Name: Sandra A. Kulaga**TRANSMITTAL FOR DUPLICATE UTILITY PATENT APPLICATION**

Mail Stop: Duplicates  
Commissioner for Patents  
Crystal Plaza Two  
Room 7D25  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a duplicate copy of the patent application entitled:

**SYSTEM AND METHOD FOR MANAGING DATA ASSOCIATED WITH COPYING  
AND REPLICATION PROCEDURES IN A DATA STORAGE ENVIRONMENT**

Enclosed is a copy of the following documents:

1. Utility Patent Application mailed under Express Mailing Label EK900600565US;
2. Transmittal Letter dated September 29, 2003;
3. Express Mail Label EK900600565US; and
4. Postcard date stamped by the USPTO September 29, 2003 and providing serial number 10/673,722.

This application is being transmitted to the U.S. Patent and Trademark Office (USPTO) as a duplicate filing because the original filing has been lost by the USPTO. No new matter has been added to this application.

**Please direct all telephone calls and address all correspondence to:**

Robert Kevin Perkins, Esq. (Reg. No. 36,634)  
EMC Corporation  
Office of the General Counsel  
176 South Street  
Hopkinton, MA 01748  
United States of America  
Telephone: (508) 293-6985  
Facsimile: (508) 293-7189

Please charge any fees associated with this transaction to Deposit Account No. 05-0889.

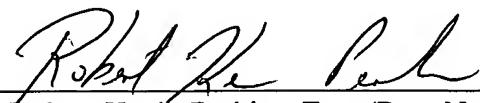
If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 293-6985 in Hopkinton, Massachusetts.

**CUSTOMER NO. 24227**

Respectfully submitted,

Dated: June 1, 2004

By:

  
Robert Kevin Perkins, Esq. (Reg. No. 36,634)  
Attorney for Applicant  
EMC Corporation  
Office of the General Counsel  
176 South Street  
Hopkinton, MA 01748  
Telephone: (508) 293-6985  
Facsimile: (508) 293-7189

R.L.P

Serial No.: 10/004704 Filed: To be determined Attorney: R.L.P  
 Docket No.: EMC-D-35-103 Date Mailed: 7/29/03  
 Applicant: David Hwang et al. Docket No.: EMC-D-35-103  
 Title: System and Method for Managing Data First Class Mail  Express Mail No. EK 9000056565

The following was received in the U.S. Patent & Trademark Office Mail Room on the date stamped hereon:

1. <input type="checkbox"/>	PCT New Application Transmittal (in duplicate if charging deposit amount)	11. <input type="checkbox"/>	Sheets Formal Drawings w/Cover Sheet
2. <input checked="" type="checkbox"/>	PCT Request PCT Demand Transmittal Form for Application* (in duplicate if charging deposit amount)	12. <input type="checkbox"/>	Request for Refund
	Provisional Application under 37 CFR 1.53(c) Utility Application under 37 CFR 1.53(b) RCE Application under 37 CFR 1.114 Continuation Application under 37 CFR 1.53(b) Divisional Application under 37 CFR 1.53(b) CIP Application under 37 CFR 1.53(b) Other _____	13. <input type="checkbox"/>	Request for Corrected Filing Receipt
		14. <input type="checkbox"/>	Completion of Filing Requirements or Response to Notice of Incomplete Application
		15. <input type="checkbox"/>	Transmittal for Amendment (Response) Petition for _____ Mo. Extension of Time (in duplicate if charging deposit amount)
		16. <input type="checkbox"/>	Amendment (Response) Preliminary Amendment (Response) Response to Restriction Requirement or Requirement for Election of Species
		17. <input type="checkbox"/>	Information Disclosure Statement, with Form(s) PTO-1449 _____ sheets) and copies of _____ references
		18. <input type="checkbox"/>	Response to Notice of Appeal Brief Response to Notice to File Missing Parts
		19. <input type="checkbox"/>	Petition Letter
		20. <input type="checkbox"/>	Status Inquiry
		21. <input type="checkbox"/>	Issue Fee Transmittal
		22. <input type="checkbox"/>	Maintenance Fee Transmittal
		23. <input type="checkbox"/>	Check No. _____ for \$ _____ US PTO
		24. <input type="checkbox"/>	Covering Item No(s) _____ for \$ _____ US PTO
		25. <input type="checkbox"/>	Certificate of First Class Mailing No. <u>10/673722</u>
		26. <input type="checkbox"/>	Certificate of Express Mail
		27. <input type="checkbox"/>	Other: <u>Do not check</u>
		28. <input type="checkbox"/>	092903
		29. <input type="checkbox"/>	092903
		30. <input checked="" type="checkbox"/>	092903
		31. <input checked="" type="checkbox"/>	092903
		32. <input checked="" type="checkbox"/>	092903

\*Patient Application including:  
2 Pages Specification 1 Drawing 1 Fig 1 2 Sheets of Drawing  
10 Pages Claims (Claims 1 through 10)  
1 Pages Abstract  
3 Sheets of Drawings (Fig. 1 through 9)  
 Request for Continued Examination (RCE) including:  
 Amendment \_\_\_\_\_  
 Extension of Time for \_\_\_\_\_ month(s)  
 Information Disclosure Statement  
 Other \_\_\_\_\_

Declaration/Power of Attorney (       pages)  
 Executed Power of Attorney \_\_\_\_\_  
 Priority Document(s) & cover sheet \_\_\_\_\_  
 Assignment & cover sheet \_\_\_\_\_  
 Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)  
 Request to Approve Drawing Change  
 with \_\_\_\_\_ Sheets of Red-Line Drawings

Immediately upon receipt, please telephone:  
Name: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_

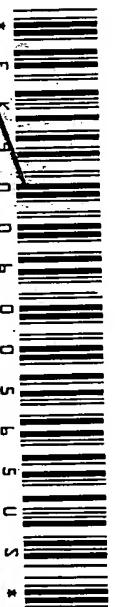


UNITED STATES POSTAL SERVICE®

**EXPRESS  
MAIL  
POST OFFICE**

EK900600565US

Customer Copy



PRESS HARD.

You are making 3 copies. FOR PICKUP OR TRACK

**EXPRESS  
MAIL**

UNITED STATES POSTAL SERVICE™

## POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery	Flat Rate
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In		Postage
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Time In	Military	Return
AM    PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
Weight	Int'l Alpha Country Code	Insurance Fee
Ibs.    ozs.	Acceptance Clerk Initials	Total P.
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$
CUSTOMER USE ONLY		
METHOD OF PAYMENT:		
Express Mail Corporate Acct. No. _____		
Federal Agency Acct. No. or Postal Service Acct. No. _____		

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

IN (POSTAL USE ONLY)		
Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
		Postage
Day	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Year	Military	Return Receipt Fee
AM    PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
Ibs.    ozs.	Int'l Alpha Country Code	Insurance Fee
Delivery Weekend	Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Holiday		\$
CUSTOMER USE ONLY		
METHOD OF PAYMENT:		
Express Mail Corporate Acct. No. _____		
Federal Agency Acct. No. or Postal Service Acct. No. _____		

OM: (PLEASE PRINT)	PHONE ( ) - 123-1234	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Customer Signature _____

OM: (PLEASE PRINT)	PHONE ( ) - 123-1234
TO: (PLEASE PRINT)	
Main Stop Patent Apps Commissioner for Patents P.O. Box 7450 Alexandria, VA 22313	
FROM: (PLEASE PRINT)	
EMC Corporation Legal Dept. 176 South St Hopkinton, MA 01748 RK Perkins EMC 03-103	

www.usps.com

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Label 11-B September 1999

ABEL HERE.  
U.S. POSTAL  
CORPORATION  
INT'L